

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 09/14/01.
 - b. The request was received on 01/31/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
Response Untimely
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/13/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/17/02. The response from the insurance carrier was received in the Division on 07/01/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No Letter requesting Medical Dispute
2. Respondent: Response Untimely

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/14/01.
2. Per the provider's TWCC-60, the amount billed was \$5,960.00; the amount paid was \$0.00; the amount in dispute is \$5,048.00.

3. The carrier denied billed services by denial codes “1 – (R) UNRELATED TO THE COMPENSABLE INJURY.” and “2 – RECOMMENDATION OF PAYMENT HAS BEEN BASED ON THIS PROCEDURE CODE, 27599 WHICH BEST DESCRIBES SERVICES RENDERED.”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/14/01	29880	\$2,148.00	\$0.00	R	\$1,831.00	Rule 408.021 (a); CPT descriptors	The carrier filed a TWCC 21 11/01 disputing the extent of injury that the left knee and the right knee are not causally related to the compensable injury of 12/08/01. A CCH was held 05/28/02. The decision was that the compensable injury of 12/08/01 did include the left knee torn ligament, but did not extend to the right knee cartilage tear. An Appeals Panel decision was rendered on 08/06/02 which upheld the CCH decision of 05/28/02. The date of service, 09/14/01, according to the operative report, involves surgery on the right knee which is not considered part of the compensable injury. No reimbursement is recommended.
09/14/01	27331	\$1,314.00	\$0.00	R	\$1,366.00		
09/14/01	29877	\$1,628.00	\$0.00	R	\$1,416.00		
09/14/01	37202	\$870.00	\$0.00	R	\$870.00		
Totals							The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 16th day of September 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

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